

COPY

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## STATE OF SOUTH CAROLINA

## (Caption of Case)

Application of CYBH, LLC d/b/a Coastal Storage & Moving for a Class E (Household Goods) Certificate of Public Convenience and Necessity for Operation of a Motor Vehicle Carrier

Filed: 5/8/13Dept: SADate: 5/8/13Time: 10:33

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

COVER SHEET

DOCKET

NUMBER: 2012 - 314 - T

RECEIVED

MAY 08 2013

PSC SC  
CLERK'S OFFICE

(Please type or print)

Submitted by: Rebecca J. Dulin, Esq.SC Bar Number: 79934Address: Parker Poe Adams & Bernstein LLPTelephone: 803-253-89371201 Main Street, Suite 1450

Fax: \_\_\_\_\_

Columbia, SC 29201

Other: \_\_\_\_\_

Email: rebeccadulin@parkerpoe.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition☐ Request for item to be placed on Commission's Agenda expeditiously☐ Other: \_\_\_\_\_

| INDUSTRY (Check one)                                 | NATURE OF ACTION (Check all that apply)            |  |   |
|--|--|--|---|
| <input type="checkbox"/> Electric                    | <input type="checkbox"/> Affidavit                 | <input type="checkbox"/> Letter                            | <input type="checkbox"/> Request                                      |
| <input type="checkbox"/> Electric/Gas                | <input type="checkbox"/> Agreement                 | <input type="checkbox"/> Memorandum                        | <input type="checkbox"/> Request for Certification                    |
| <input type="checkbox"/> Electric/Telecommunications | <input type="checkbox"/> Answer                    | <input type="checkbox"/> Motion                            | <input type="checkbox"/> Request for Investigation                    |
| <input type="checkbox"/> Electric/Water              | <input type="checkbox"/> Appellate Review          | <input type="checkbox"/> Objection                         | <input type="checkbox"/> Resale Agreement                             |
| <input type="checkbox"/> Electric/Water/Telecom.     | <input type="checkbox"/> Application               | <input type="checkbox"/> Petition                          | <input checked="" type="checkbox"/> Resale Amendment                  |
| <input type="checkbox"/> Electric/Water/Sewer        | <input type="checkbox"/> Brief                     | <input type="checkbox"/> Petition for Reconsideration      | <input type="checkbox"/> Reservation Letter                           |
| <input type="checkbox"/> Gas                         | <input type="checkbox"/> Certificate               | <input type="checkbox"/> Petition for Rulemaking           | <input type="checkbox"/> Response                                     |
| <input type="checkbox"/> Railroad                    | <input type="checkbox"/> Comments                  | <input type="checkbox"/> Petition for Rule to Show Cause   | <input type="checkbox"/> Response to Discovery                        |
| <input type="checkbox"/> Sewer                       | <input type="checkbox"/> Complaint                 | <input type="checkbox"/> Petition to Intervene             | <input type="checkbox"/> Return to Petition                           |
| <input type="checkbox"/> Telecommunications          | <input type="checkbox"/> Consent Order             | <input type="checkbox"/> Petition to Intervene Out of Time | <input type="checkbox"/> Stipulation                                  |
| <input checked="" type="checkbox"/> Transportation   | <input type="checkbox"/> Discovery                 | <input type="checkbox"/> Prefiled Testimony                | <input type="checkbox"/> Subpoena                                     |
| <input type="checkbox"/> Water                       | <input type="checkbox"/> Exhibit                   | <input type="checkbox"/> Promotion                         | <input type="checkbox"/> Tariff                                       |
| <input type="checkbox"/> Water/Sewer                 | <input type="checkbox"/> Expedited Consideration   | <input type="checkbox"/> Proposed Order                    | <input checked="" type="checkbox"/> Other: <u>Amended Application</u> |
| <input type="checkbox"/> Administrative Matter       | <input type="checkbox"/> Interconnection Agreement | <input type="checkbox"/> Protest                           | <u>and Tariff</u>   |
| <input type="checkbox"/> Other: _____                | <input type="checkbox"/> Interconnection Amendment | <input type="checkbox"/> Publisher's Affidavit             |   |
|  | <input type="checkbox"/> Late-Filed Exhibit        | <input type="checkbox"/> Report                            |   |

Print Form

Reset Form



**Rebecca J. Dulin**  
**Special Counsel**  
Telephone: 803.253.8937  
Direct Fax: 803.255.8017  
rebeccadulin@parkerpoe.com

Charleston, SC  
Charlotte, NC  
Columbia, SC  
Raleigh, NC  
Spartanburg, SC

May 7, 2013

**VIA ELECTRONIC FILING**

Jocelyn D. Boyd, Esquire  
Chief Clerk/Administrator  
Public Service Commission of South Carolina  
Post Office Drawer 11649  
Columbia, SC 29211

**Re: Application of CYBH, LLC d/b/a Coastal Storage & Moving for a Class E  
(Household Goods) Certificate of Public Convenience and Necessity for  
Operation of a Motor Vehicle Carrier  
Docket No. 2012-314-T**

Dear Jocelyn:

Enclosed please find an amended Application and Tariff in reference to the above-captioned proceeding. The Application and Tariff have been amended to reflect a change in the Applicant's name.

Please do not hesitate to contact me if you have any questions.

Sincerely,

*/s/ Rebecca J. Dulin*

Rebecca J. Dulin

RJD:bg  
Enclosures

cc: Courtney Dare Edwards, Esq. (via email: cedwards@regstaff.sc.gov)  
Jack M. Scoville, Jr., Esq. (via email: scorac@aol.com)

PPAB 2028463v2

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: CYBH, LLC

Telephone: 843-650-6802

Address: 7269 Hwy 707

Fax: 866-631-3634

MYRTLE BEACH SC 29588

Other: \_\_\_\_\_

Email: BERT HOLLEY@SC.PSC.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 8/10/2012

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties)

Amended Scope:  
(list counties)

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

CYBH LLC.

7169 HWY 707 MYRTLE BEACH SC 29588  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-650-6802  
Phone

843-651-3634  
FAX

BERTHELLEY (W SC RR. CO)  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

ALBERT M. HOLLEY 1810 POND RD MURRELLS INLET SC  
CHRIS YOUNG 5606 Rosehall Dr., Murrells Inlet, SC 29576

4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only ☐ Interstate Only ☒ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of revocations below.*

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month August Year 2012

**Assets:**

|                                       |                  |
|---------------------------------------|------------------|
| Cash                                  | 24,954           |
| Receivables                           | 10,683           |
| Real Estate                           | 633,227          |
| Buildings and Equipment (Net)         | 716,820          |
| Motor Vehicles (Net)                  | 31,000           |
| Garage Equipment (Net)                | 3,500            |
| Machinery and Tools (Net)             | 2,850            |
| Supplies on Hand                      | 2,230            |
| Prepays and Other Assets              | - 3900           |
| <b>Total Assets *</b>                 | <b>1,421,364</b> |
| <b><u>Liabilities and Equity:</u></b> |                  |
| Accounts Payable                      | 13,351           |
| Notes Payable                         | 1,017,104        |
| Mortgages Payable                     | 0                |
| Equipment Obligations                 | 31,000           |
| Accrued Salaries and Wages            | 20,000           |
| Other Accrued Obligations             | 251,605          |
| Other Liabilities                     |                  |
| <b>Total Liabilities</b>              | <b>1,333,060</b> |
| Capital Stock / <u>NET INCOME</u>     | 67,151           |
| Retained Earnings                     | 21,153           |
| <b>Total Equity</b>                   | <b>88,304</b>    |
| <b>Total Liabilities and Equity *</b> | <b>1,421,364</b> |

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

#85.00 PER HOUR (2 MEN)

#1.50 PER MILE

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

[illegible]



## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

Cargo Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

\* Attach Certificate of Insurance if available.

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of **minimum limits for Household Goods** carriers are listed below:

|  |            |
|--|------------|
| Vehicle liability for vehicles less than 10,000 lbs. GVWR  | \$ 500,000 |
| Vehicle liability for vehicles 10,000 lbs. or more GVWR  | \$ 750,000 |
| Cargo - For loss of or damage to property carried on any one motor vehicle                                       | \$ 2,500   |
| For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place | \$ 5,000   |

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000. 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

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The following insurance quote is for:

CYBH, LLC

Name of Applicant

7269 HWY 707, MYRTLE BEACH, SC 29588

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_

Limits \$15,000 MAX PER ANY ONE OCCURENCE

Cargo Insurance \$ 988.00

Limits \$15,000 MAX PER COVERED VEHICLE

\* Attach Certificate of Insurance if available.

CENTURY SURETY INSURANCE COMPANY

Name of Insurance Company

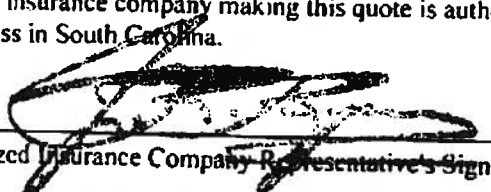
465 CLEVELAND AVENUE, WESTERVILLE, OH 43082

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

08/10/2012

Date

  
Authorized Insurance Company Representative's Signature

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|  |            |
|--|------------|
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The following insurance quote is for:

CYBH, LLC

Name of Applicant

7269 HWY 707, MYRTLE BEACH, SC 29588

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 3,341.00

Limits \$1,000,000

Cargo Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

\* Attach Certificate of Insurance if available.

ZURICH AMERICAN INSURANCE COMPANY

Name of Insurance Company


1400 AMERICAN DRIVE, SCHAUMBURG, IL 60196-1056

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

08/10/2012

Date

  
Authorized Insurance Company Representative's Signature

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**Exhibit Fit, Willing, and Able (FWA)**

ALBERT M HOLLEY

Name

231 2226

U.S.D.O.T No.

MC 789 350

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Alton M. Hally  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Georgetown )

SWORN TO BEFORE ME  
This 10<sup>th</sup> day of August, 2012

Clifford Hally  
Notary Public

Commission Expires 12/10/2012

# Regulations and Charges for Intrastate Household Goods Moves within the State of South Carolina

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2.2 Hourly Packing Base Rate

2.3 Bulky Article Charges

2.4 Piano Charges

Page 9.

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3.1 Claims

3.2 Computing Charges

3.3 Payments

3.4 Governing Publications

3.5 Items of Particular Value

Page 10. Packing Materials List

Check SheetPageRevision

1

Original

2

Original

3

Original

4

Original

5

Original

6

Original

7

Original

8

Original



## Tariff Format

- A. Page Numbering- Page numbers appear in the bottom-right corner of the page. Pages are numbered sequentially. New pages may occasionally be added to the tariff. When a new page is added, the page appears as a decimal. For example, a new page added between pages 3 and 4 would be 3.1.
- B. Page Revision Numbers- Page Revision Numbers also appear in the bottom-right corner of the page. These numbers are used to determine the most current page revision on file with the South Carolina Public Service Commission. For example, the Fourth revised Page 3 cancels the Third revised Page 3.
- C. Paragraph Numbering Sequence- There is nine levels of paragraph coding. Each level of coding is subservient to its next higher level of coding.
- 1.
  - 1.1
  - 1.1.1
  - 1.1.1. A.1.
  - 1.1.1. A.1. (a)
  - 1.1.1. A.1. (a)(1)
  - 1.1.1. A.1. (a)(1)(i)
  - 1.1.1. A.1. (a)(1)(i)(1)

## Applicability of Tariff

This tariff contains the regulations and rates applicable to the provision of intrastate household goods moves by CYBH, LLC. These services are furnished between points and places within the State of South Carolina.

## Bill of Lading

A Bill of Lading will be issued to all customers prior to or upon receipt of the customers' household goods by CYBH, LCC. The terms and conditions of the Bill of Lading, attached hereto, are hereby incorporated by reference.

## **SECTION 1 – TRANSPORTATION OF CHARGES**

### **1. Transportation Charges include the hourly rate listed below.**

#### **1.1. Hourly Rates and Charges**

- 1.1.1. Drive time is customized. The clock starts at the appropriate hourly rate when the movers leave the CYBH, LLC office, and stops when they return after they have unloaded at the customer's new home or location. If customers cancel within 48 hours of their scheduled move, the Company will charge a two hour minimum fee.
- 1.1.2. Customers will be charged a two-hour minimum, then in fifteen-minute increments thereafter.
- 1.1.3. Customers are not charged an additional fee for overtime labor.
- 1.1.4. Hourly rates are the same, seven days a week, 24 hours a day, in every season of the year.
- 1.1.5. Customers will be charged a five percent (5%) fuel surcharge on the subtotal of the bill of lading.

| <b><u>Number of Movers</u></b> | <b><u>Hourly Rate</u></b> |
|--------------------------------|---------------------------|
| One Mover (labor only)         | \$65.00                   |
| Two Movers (labor only)        | \$85.00                   |
| Three Movers (labor only)      | \$105.00                  |
| Two Movers (with a truck)      | \$95.00                   |
| Three Movers (with a truck)    | \$115.00                  |

## SECTION 2 – ADDITIONAL SERVICES

2. The following charges shall be assessed in addition to the hourly rates quoted in Section 1. of this tariff.

### 2.1. Packing

- 2.1.1. The company is not responsible for items packed by the customer. Boxes containing fragile or breakable items must be properly labeled.
- 2.1.2. Packing materials, including sales tax, are not included in the hourly rate below.
- 2.1.3. See page 10 for packing materials list.

### 2.2. Hourly Packing Base Rate     \$105.00

### 2.3. Bulky Article Charges (per item)

- |                                |          |
|--------------------------------|----------|
| 2.3.1. Jacuzzi/Hot Tub         | \$150.00 |
| 2.3.2. Safe > 300 lbs.         | \$100.00 |
| 2.3.3. File Cabinet > 300 lbs. | \$100.00 |
| 2.3.4. Riding Lawnmower        | \$50.00  |
| 2.3.5. Motorcycle              | \$100.00 |
| 2.3.6. Pool Table              | \$200.00 |

### 2.4. Piano Charges

When moving a piano, in connection with a move involving additional items:

- |                  |          |
|------------------|----------|
| Spinnet          | \$75.00  |
| Upright          | \$100.00 |
| Baby Grand/Grand | \$200.00 |

## SECTION 3- RULES AND REGULATIONS

### 3. Rules and Regulations

#### 3.1. Claims

- 3.1.1. All claims for loss, damage or overcharge must be in writing and should attach the bill of lading.
- 3.1.2. Claimant must immediately notify carrier of all claims for concealed damage. Carrier must be given reasonable opportunity to inspect damaged items in original packing.
- 3.1.3. Claims should be submitted to the carrier within 96 hours of receipt of goods.

#### 3.2. Computing Charges

- 3.2.1. The Company's rates are computed by multiplying the applicable hourly rate by the time as provided in Section 1.1

#### 3.3. Payments

- 3.3.1. Payment is due in full at the destination after unloading.
- 3.3.2. The Company's approved payment methods are cash or check.

#### 3.4. Governing Publications

- 3.4.1. The Company's rates and charges are governed by the terms and conditions of this tariff, and the Rules and Regulations of the South Carolina Public Service Commission.

#### 3.5. Items of Particular Value

- 3.5.1. The Company does not assume any liability whatsoever for documents, currency, money, credit cards, jewelry, watches, precious stones or articles of extraordinary value including accounts, bills, deeds, evidences of debt, securities, notes, postage stamps, stamp collections, trading stamps, revenue stamps, letters or packets of letters, alcoholic beverages, firearms, coin collections, articles of peculiarly inherent or intrinsic value, precious metals or articles manufactured therefrom. The Company will not accept responsibility for safe delivery of such articles if they come into the Company's possession with or without the Company's knowledge.

**PACKING MATERIALS LIST**

|                           |  |         |
|---------------------------|--|---------|
| BOOK BOX                  | 12" x 12" x 12" (1.0cf)                    | \$1.25  |
| SMALL BOX                 | 16" x 12" x 12" (1.5cf)                    | \$1.70  |
| MEDIUM BOX                | 18" x 18" x 16" (3.0cf)                    | \$2.35  |
| LARGE BOX                 | 18" x 18" x 24" (4.5cf)                    | \$3.00  |
| EXTRA LARGE BOX           | 24" x 18" x 24" (6.0cf)                    | \$3.79  |
| SHORTY WARDROBE BOX       | 24" x 20" x 34" (9.4cf)                    | \$7.95  |
| GRAND WARDROBE BOX        | 24" x 21" x 48" (14.0cf)                   | \$11.95 |
| SPORT UTILITY BOX         | 15" x 15" x 48" (6.0cf)                    | \$5.95  |
| LAMP BOX                  | 12" x 12" x 40" (3.3cf)                    | \$4.95  |
| ELECTRONICS BOX           | 20" x 20" x 12" (4.5cf)                    | \$5.30  |
| 19" TV/MICROWAVE BOX      | 24" x 24" x 20" (6.7cf)                    | \$7.15  |
| 27" TV/MICROWAVE BOX      | 24.5" x 24.5" x 27.5" (9.55cf)             | \$9.75  |
| MIRROR BOX                | 37" x 4" x 27" (2.3cf)                     | \$4.25  |
| LARGE MIRROR BOX          | 48" x 4" x 33" (3.7cf)                     | \$6.45  |
| PICTURE PACKER            | 4 Corner/1 Strap/Up to 2.2" Thick          | \$4.95  |
| DISHSAVER & GLASSPACK BOX | 24-1/8" x 12" x 11" (1.85cf)               | \$4.00  |
| GLASS PACK KIT            | (Price INCLUDES Box)                       | \$10.22 |
| DISH SAVER KIT            | (Price INCLUDES Box)                       | \$10.22 |
| DISH BARREL BOX           | 18" x 18" x 28" (5.2cf) (Box Only Price)   | \$5.45  |
| CELL KIT                  | (Box Sold SEPERATELY)                      | \$5.95  |
| MATTRESS BAG - KING       | 96" x 78" x 10" (L x W x H)                | \$4.95  |
| MATTRESS BAG - QUEEN      | 92" x 60" x 10" (L x W x H)                | \$3.95  |
| MATTRESS BAG - FULL       | 87" x 57" x 10" (L x W x H)                | \$3.95  |
| MATTRESS BAG - TWIN       | 87" x 39" x 10" (L x W x H)                | \$2.95  |
| WRAPPING PAPER            | 200 Clean, White, 20" x 27" Sheets Per Box | \$9.95  |
| ENVIRO-BUBBLE SMALL       | 150' x 12" (L x W)                         | \$19.95 |
| ENVIRO-BUBBLE LARGE       | 100' x 12" (L x W)                         | \$19.95 |
| BIO PACKING PEANUTS       | Nontoxic, Reusable                         | \$4.95  |